



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: September 6, 2017

Mr. Robert Baker,
Chief Executive Officer
Keystone Service Systems, Inc.
124 Pine Street
Harrisburg, Pennsylvania 17101

RE: Silver Spring Specialized Community Residence
427 Hogestown Road
Mechanicsburg, Pennsylvania 17050
Certificate #: 305710

Dear Mr. Baker:

As a result of the Department of Human Services' licensing inspection on August 9, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 30571 - 08/09/2017 - Heemer, Laura
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident 1 was completed on 7/3/2016. On 3/5/2017, 7/16/2017, and 8/24/2016, Resident 1 became physically aggressive toward other residents in the home. These behaviors are not documented in the most recent assessment and the Home has not completed a new assessment of Resident 1 to address these changes in behavior.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1. As of 8-18-2017, the LPN, created a spreadsheet to track assessments completion and due dates.
- 2. The LPN will ensure that assessments are completed on time and when any significant changes occur.
- 3. In order to ensure that the LPN needs to make changes on the assessment, should they be warranted, staff will alert the LPN via the communication log for the program as well as a follow up email to the LPN.
- 4. The Regional Director will monitor the assessments on a bi-monthly basis to insure all of the assessments are up to date and accurate. This will occur by the Regional Director reviewing the charts during unannounced visits.

*Resident # 1 was reassessed to include the behaviors on
 8/10/17.
 BVS
 9/6/17*

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert J. Baker, CEO, KSS	Date 8-29-17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/6/17
 (Date)

The above plan of correction was approved by BVS
 (Initials)

Plan of correction implementation status as of 9/6/17
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented